



PROJECT REQUEST FORM

IOCI Job No.:

To submit completed form, Fax: 217-558-0769 or
Mail: IOCI Design and Publications, 2300 S. Dirksen Pkwy., Rm. 019, Springfield, IL 62764

Agency work order number: _____

Project title: _____ Date submitted: _____

Contact: _____ Phone: _____ Date needed: _____

E-mail: _____

State agency/bureau: _____

Agency program/division for billing: _____ Manager approval: _____ (optional)

Liaison approval: _____ (required)

DESIGN NEEDED

- ☐ AD
- ☐ BOOKLET
- ☐ BROCHURE
- ☐ COVER
- ☐ DISPLAY / BANNER
- ☐ FLYER
- ☐ FOLDER
- ☐ LOGO
- ☐ NEWSLETTER
- ☐ POSTCARD / INVITATION / ANNOUNCEMENT
- ☐ POSTER / SIGN
- ☐ STATIONARY / LETTERHEAD
- ☐ WEB CONTENT
- ☐ OTHER

PRINTER

- ☐ STATE AGENCY PRINTSHOPS
- ☐ DIGITAL PRINT
- ☐ OUTSIDE VENDOR:

NUMBER OF COLORS

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ NOT SURE

Special instructions or comments (include finished items needed, i.e., PDF, mounting, laminating, etc.):

PROOF TO CLIENT

Date(s) sent: _____

Date started: _____

Designer's
initials:

Date(s) received: _____

Date completed: _____